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To: Physicians and other Health Care Providers in Milwaukee & Waukesha Counties

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Southeastern Wisconsin continues to suffer from a severe, sustained **Pertussis Outbreak**. This outbreak is real, dangerous, and not simply a function of increased and improved testing. In 2004, Wisconsin will likely have over 10 times as many cases and over 3 times as many hospitalizations as in a typical year. *The numbers are much worse in Southeastern Wisconsin.*

Although classic pertussis consists of cough lasting over 2 weeks with paroxysms, whoop, or post-tussive vomiting, the suspect case definition for pertussis *in an outbreak situation* includes:

- any acute cough illness lasting 7 or more days
- any acute cough illness with either paroxysmal cough or inspiratory whoop
- any acute cough illness in a person with >1hr contact to a confirmed or probable case
- any cough associated with apnea in an infant

Children under age 1 year are at greatest risk of hospitalization and death from pertussis. However, a sizable proportion of cases occur in adolescents, adults, and even the elderly, all of whom serve as a continuing reservoir for infection. Cough may not be present during the catarrhal phase of pertussis, which is when patients are least symptomatic *and* most infectious. Therefore, extremely assertive control measures are essential in order to bring this outbreak under control. **Please note the following recommendations:**

Aggressive case finding: *Nasopharyngeal PCR testing for pertussis should be done on anyone meeting the suspect case definition.* Because pertussis is currently so pervasive in Wisconsin, aggressive efforts must be made to diagnose pertussis *as early in the clinical course as possible*. Therefore, *testing must not be delayed*. Pertussis PCRs taken after day 7 of cough (or day 4 of antibiotics) have lower sensitivities - - they are *very useful* to “rule in” pertussis if positive but too late to reliably rule out pertussis – although negative PCRs do confirm that the person is *no longer* infectious.

Treat and isolate suspect pertussis cases: All persons meeting the suspect, probable, and confirmed case definitions (attached) must be treated with appropriate antibiotics (see attached), and must be excluded from school, daycare or work for the first five (5) days of antibiotic treatment. Treatment and isolation can be suspended if the laboratory results from their nasopharyngeal PCR return as negative.

Treat contacts / exposed persons: Close (>1hr) contacts need prophylactic antibiotics. All patients with suspect, probable, or confirmed pertussis should be carefully interviewed to identify potentially exposed contacts. In most cases, the local Health Department will provide a note or letter to contacts identifying them as such and recommending prophylaxis. Note that asymptomatic contacts do not need quarantine, but coughing contacts must be isolated.

Report all suspect, probable, and confirmed cases: In Waukesha County call 262-896-8430. In Milwaukee County call 414-286-3606 (SurvNet). For additional information contact your local Health Department, or see <http://www.dhfs.wisconsin.gov/immunization/pertussis2.htm> or <http://www.milwaukee.gov/health>.